FORM D SECUMENT SECU

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per form......16

	:								
SEC USE ONLY									
Prefix		Serial							
DATE RECEIVED									

☐ Estimated

四 Actual

FN

	BEST AVA	ILABLE COP			
Name of Offering (check if this i	s an amendment and name has changed,	and indicate change.)		TEL COP	γ
Purchase of Class A and Class C (Ordinary Shares of IndoUS Ventures	Management LLC (the	"Company")		
Filing Under (Check box(es) that ap	ply): 🔲 Rule 504	☐ Rule 505	Rule 506	☐ Section 4(6)	ULOE
Type of Filing:		New Filing] Amendment	
	A. BASIC	IDENTIFICATION DA	ATA		
1. Enter the information requested	l about the issuer				
Name of Issuer (check if this is a	n amendment and name has changed, ar	id indicate change.)			
IndoUS Ventures Management, L.	LC				
Address of Executive Offices	(Number and Stree	et, City, State, Zip Code)	Telephone	Number (Including Are	a Code)
3945 Freedom Circle, Suite 350, Sa	anta Clara, CA, 95054		(408) 919-	990PROC	ECCEL
Address of Principal Business Opera (if different from Executive Offices)	tions (Number and Street, City, State, Z	ip Code)	Telephone Nu	imber (Including Area C	
Brief Description of Business				MAY 2	23 2007
Venture capital investment fund					
Type of Business Organization				THON	ASON .
□ corporation	☐ limited partnership, already f	ormed	図 other: limited	liability company, alr	ady formed
☐ business trust	☐ limited partnership, to be for	med			
	,		<u>'ear</u>		
Actual or Estimated Date of Incorpor	ration or Organization:	6 2	1006		

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

(Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Part B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Boxes that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	☐ Other					
Full Name (Las Vinod K. Dhar	t name first, if individual) n									
	idence Address (Number and S Circle, Suite 350, Santa Clar									
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Other					
Full Name (Las Vani Kola	t name first, if individual)			,						
	idence Address (Number and Whiteacres", Channasandra,		lds, Bangatore, India							
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ Other					
Full Name (Last	name first, if individual)		-							
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)								
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ Other					
Full Name (Last	name first, if individual)									
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)								
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Other					
Full Name (Last	name first, if individual)	· · · ·		•						
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	Other					
Full Name (Last	name first, if individual)									
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)								
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ Other					
Full Name (Last	name first, if individual)									
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)		•						
			J <u>222 </u>							
		B. INFORMA	TION ABOUT OFFERING							
1. Has the issu	ner sold, or does the issuer inter		vestors in this offering?dix, Column 2, if filing under U		Yes No _X_					
2. What is the	minimum investment that will	be accepted from any individu	pal?		Not applicable					
3. Does the offering permit joint ownership of a single unit?										
4. Enter the in	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation									

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of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer,

Not applicable

Full Name	(Last name firs	t, if individua	ıl)									 -
Business o	or Residence Add	dress (Numbe	er and Street,	City, State	Zip Code)			•				
Name of A	Associated Broke	er or Dealer	<u> </u>			 -						
Name of A	330clated Dioke	a of Demei										
States in V	Vhich Person Lis	ted Has Solid	cited or Inter	ds to Solic	t Purchasers							
(Check "A	Il States" or che	ck individual	States)	,	••••••••			*****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******************	**********	All State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[iL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	Mil	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	, [UT]	[VT]	[VA]	[VA]	[WV]	ĮWIĮ	[WY]	[PR]
Full Name	(Last name first	i, if individua	l)									
Business o	r Residence Ado	iress (Numbe	r and Street,	City, State,	Zip Code)							
·						_						
Name of A	ssociated Broke	r or Dealer										
States in W	Vhich Person Lis	ted Has Solic	ited or Inten	ds to Solici	t Purchasers							
(Check "A	It States" or che	ck individual	States)						,,			All State:
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[VA]	[WV]	[WI]	JWYJ	[PR]
Full Name	(Last name first	, if individual	l)									
Business o	r Residence Add	ress (Numbe	r and Street	City, State.	Zip Code)						 -	
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Name of A	ssociated Broke	r or Dealer		_	-							<u></u>
States in W	hich Person Lis	ted Has Solic	ited or Inten	ds to Solici	Purchasers	···						
	Il States" or chec											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	(ID)
[IL]	[NI]	ĮIA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	ָנעאן	[NH]	[נאן]	 [NM]	(NY)	[NC]	[ND]	ЮНІ	(OK)	(OR)	[PA]
[RI]	[SC]	[SD]	(TN)	[TX]	(UT)	[VT]	[VA]	[VA]	[WV]	(WI)	[WY]	[PR]
		C. O	FFERING I	RICE, NU	MBER OF	INVESTOR	S, EXPEN	SES AND	USE OF PROC	EEDS		
	the aggregate of											
transa	ction is an excha	_	, check this b	ox 🗆 and	indicate in th	e columns be	low the am	ounts of the			_	-
	Type of S	ecurity							Aggrega Offering P			nt Already Sold
	Debt			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			***************************************	*********	\$			
	Equity			.,			*************		\$		s	
			☐ Com	mon		Preferred						
		le Securities							\$		\$	
		ip Interests				***************************************	*****************	•••••	\$		S	
		ecify; Class /							\$ <u>1,990,000.00</u> \$ <u>1,990,000.00</u>		\$ <u>1,990,0</u> • \$ <u>1,990,0</u>	
		er also in Ap							* ***>0.0000.00	<u></u>	J 1,770,0	VV.UV
	the number of ac	credited and	non-accredit	ed investor	s who have p	urchased sec						
	ng and the aggree or of persons who											
	al lines. Enter "						F					

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Aggregate

Number

		Investors .		Dollar Amount of Purchases
	Accredited Investors	3		\$1,990,000.00
	Non-accredited Investors	0		\$
	Total (for filings under Rule 504 only)			s
·	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
		Type of		Dollar Amount
		Security		Sold
	Type of Offering			
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			s
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs		Œ	\$ <u>4,000,00</u>
	Legal Fees		E	\$ 18,100.00
	Accounting Fees		Œ	\$ <u>5,900.00</u>
	Engineering Fees		D.	s
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (Foreign registration and other related fees)		攵	S <u>5,900.00</u>
	Total		X	\$ 33,900,00

	E. S	STATE SIGN	ATURE			
ι.	Is any party described in 17 CFR 230.262 presently subject to any of the	he disqualific	ation provisions of such	rule?	· Yes □	No X
	See Appendi	x, Column 5,	for state response.			
2.	The undersigned issuer hereby undertakes to furnish to the state admin times as required by state law.	istrator of any	state in which the noti	ce is filed, a notice on Form D	(17 CFR 239.500)) at such
3.	The undersigned issuer hereby undertakes to furnish to any state admir	nistrators, upo	n written request, infor	mation furnished by the issuer t	o offerees.	
4,	The undersigned issuer represents that the issuer is familiar with the co (ULOE) of the state in which this notice is filed and understands that the conditions have been satisfied.					
	e issuer has read this notification and knows the contents to be true and h son.	as duly cause	this notice to be signe	d on its behalf by the undersign	ed duly authoriz	æd
	uer (Print or Type) loUS Ventures Management, LLC	Signature	Monde	14 A	Date March (, 200	7
Na	me (Print or Type)	Title (Print or	Type)			
Vi	ood K. Dham	Director of I	ndoUS Ventures Man	agement. LLC		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. A copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.